

Los Angeles County Department of Mental Health**EMPLOYER PULL NOTICE ACKNOWLEDGEMENT**

By signing where indicated below, I acknowledge that I have received and reviewed a copy of the LACDMH Policy No. 904.03, **Employer Pull Notice**.

| | | |
|----------------------------|-------------------------|-------|
| Employee Name (Print): | Employee's Signature: | Date: |
| Employee Number: | Job Title: | |
| Supervisor's Name (Print): | Supervisor's Signature: | Date: |

Distribution:

Original - Official Personnel File